APPLICATION FOR CONDITIONAL USE PERMIT Structures to Exceed Height Limits CITY PLANNING BOARD

Concord, NH

General Information	Page 1
Owner's Name:	
Mailing Address/ Street Number:	
City & State:	Telephone: ()
Agent's Name (if applicable):	
Mailing Address/ Street Number:	
City & State:Tel.	() Fax: ()
Type of Conditional Use Permit Requested:	
Appurtenant Structure Exceeds Height	t Restriction – Article 28-4-1(f)(3)
Structure to Exceed Height Limit in O	CP District – Article 28-4-1(g)(6)
For the property being developed, complete the following	llowing:
Street Address:	
Abutting Streets:	
Gross Floor Area: Existing	Proposed
Assessor's Map/Block/Lot(s)://_	
Project Area: acres (or)	square feet
Briefly Describe the Proposed Use(s) of the Prope	rty and the Conditional Use Requested
(Please attach supporting justification for the requ	uested Conditional Use Permit):

Professional Support		Page 2	
Indicate the name, profession and telephone number of each individual in the preparation			
of components of the application.		Phone #	
Name:	Profession:		
Name:	Profession:	()	
Name:	Profession:	()	
Zoning Information			
Existing Zoning Districts:			
Overlay Districts: (check as appropriate)			
Historic (HI)	Shoreland Protection	(SP)	
Flood Hazard (FH)	Penacook Lake Water	rshed Protection (WS)	
Endorsement:			
I hereby request that the City of Concord Planning Board review this application for a			
Conditional Use Permit, including all plans, documents and information herewith. I			
represent to the best of my knowledge and belief, this application is being submitted in			
accordance with the site plan Review Regulations of the City Planning Board of the City			
of Concord, NH.			

Date

Signature of Agent (if any)

Date

Signature of Property Owner